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Bib Data Sheet

CONFIRMATION NO. 9361

<b>SERIAL NUMBER</b> 09/804,980	<b>FILING DATE</b> 03/13/2001 <b>RULE</b>	<b>CLASS</b> 435	<b>GROUP ART UNIT</b> 1645	<b>ATTORNEY DOCKET NO.</b> 670001-2002.4
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**APPLICANTS**  
 Peter Andersen, Bronshoj, DENMARK;  
 Rikke Louise Vinther Skjot, Hedeusene, DENMARK;

**\*\* CONTINUING DATA \*\*\*\*\***  
 This application is a CIP of 09/289,388 04/12/1999 ABN  
 which is a CON of 08/465,640 06/05/1995 PAT 5,955,077.  
 which is a CIP of 08/123,182 09/20/1993 ABN  
 and is a CIP of PCT/DK94/00273 07/01/1994  
 which claims benefit of 60/044,624 04/18/1997  
 and claims benefit of 60/070,488 01/05/1998 *PLS*

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***  
 DENMARK PA 1997 01277 11/10/1997  
 DENMARK PA 1997 00376 04/02/1997  
 DENMARK PA 1993 00798 07/02/1993 *PLS*

**IF REQUIRED, FOREIGN FILING LICENSE GRANTED**  
**\*\* 04/12/2001**

Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	<b>STATE OR COUNTRY</b> DENMARK	<b>SHEETS DRAWING</b> 15	<b>TOTAL CLAIMS</b> 29	<b>INDEPENDENT CLAIMS</b> 5
35 USC 119 (a-d) conditions met <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged Examiner's Signature <i>PLS</i> Initials				

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**TITLE**  
 M. tuberculosis antigens

<b>FILING FEE RECEIVED</b> 1162	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
		<input type="checkbox"/> 1.16 Fees ( Filing )
		<input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )
		<input type="checkbox"/> 1.18 Fees ( Issue )
		<input type="checkbox"/> Other _____